DATENT	A DDL ICATION	FEE DETERMIN	IATION DECOD	n
PAIENIA	APPLICATION	LEE DE LEUMIN	IATION NECON	u

Effective October 1, 2001

Application or Docket Number

10080940

CLAIMS AS FILED - PART I						SMALL ENTITY			OTHER THAN			
		(Column 1) (Colur		mn 2)				OR	SMALL	ENTITY		
TOTAL CLAIMS		24					RATE	FEE		RATE	FEE	
FOR		NUMBER	NUMBER FILED		NUMBER EXTRA		BASIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS		/ minus 20= *		* +			X\$ 9=	26.0	ÒЯ	X\$18=		
IND	EPENDENT CL	AIMS	3 minus 3 = *		* O	Ŏ		X42=	7	OR	X84=	
MULTIPLE DEPENDENT CLAIM PR			RESENT				ľ	+140=		OR	+280=	
* If the difference in column 1 is less than :			less than ze	ero, ente	r "0" in c	olumn 2		TOTAL	4060	ØR	TOTAL	
CLAIMS AS AMENDED - PART II								,	—,		OTHER	THAN
(Column 1) (Column 2) (Column 3					(Column 3)	_	SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIĞH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	T OL A 184	=		X42=	-	OR	X84=	,
L	FIRST PRESE	NTATION OF MI	ULTIPLE DEI	PENDEN	CLAIM			+140=		OR	+280=	
							L	TOTAL		OR	TOTAL ADDIT. FEE	
٠.		(Column 1)		(Colu	mn 2\	(Column 3)		ODIT. FEE			AUDII. FEEI	
		(Column 1) CLAIMS		(Colu		(Coldinii 3)	Г		ADDI-	1 1	· · · · · ·	ADDI-
ENT B		REMAINING AFTER AMENDMENT		NUM PREVI PAID	OUSLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	E OL AINA	=		X42=		OR	X84=	
L	FIRST PRESE	NTATION OF M	JUIPLE DE	PENDEN	CLAIM			+140=		OR	+280=	
							L	TOTAL			TOTAL	
							A	ODIT. FEE	<u></u>	Un	ADDIT. FEE	
 		(Column 1)	_		mn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	·
ME	Independent	*	Minus	***		=-		X42=		OR	X84=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	I CLAIM		!	+140=		i	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEEOR												
1	The "Highest Nur	nber Previously Pa	id For" (Total o	r Independ	dent) is the	e highest numbe	er fou	nd in the app	propriate bo	x in co	ilumn 1.	